

Date Received _____ Initials _____	Date Approved _____	Notes _____ _____
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Certified Peer Recovery Specialist

Renewal Application

Type or write legibly in black or blue ink. Renewal Applications are due fourteen (14) calendar days prior to the recertification deadline. Email the completed Renewal Application and accompanying continuing education certificates to CPRS.TDMHSAS@tn.gov or fax to 615-253-3920. All training applicants are screened against the Tennessee Sex Offender Registry and the Tennessee Abuse Registry prior to application approval. Applicants on the sex offender registry are handled on a case by case basis and can still be approved for certification in some situations.

Name _____ Date _____

Certification Number _____ Certification Expiration Date _____

Address _____

City, State, ZIP _____

Phone (with area code) _____

Email (required) _____

Social Security Number (required) _____

Continuing Education

Ten (10) hours of continuing education are required annually to maintain certification and must be earned within the certification period. For each training listed, include a copy of the certificate of attendance or completion.

- On-line trainings are limited to five (5) hours out of the 10 hours required and must be approved by TDMHSAS.
- A minimum of one (1) hour of continuing education per year must be in ethics.
- Continuing education focused on clinical treatment cannot be accepted. It is a violation of the Code of Ethics for CPRS's to provide clinical treatment.
- Continuing education must be within, but not limited to, recovery in the fields of mental illness, substance abuse, or co-occurring disorders.
- Certified Peer Recovery Specialists who wish to reactivate their CPRS status following expired status must complete one hour of continuing education for every month they have been in expired status, not to exceed 20 hours.

Employment/Volunteer Service Summary

This section is to be completed by the supervisor. All Certified Peer Recovery Specialists must be under supervision as defined by the state. (see Supervision section in the Handbook)

Supervisor _____ Credentials _____

Title _____

Agency/Organization _____

Address _____

City, State, ZIP _____

Phone (with area code) _____

Email _____

CPRS's position within the agency _____

CPRS has provided a minimum of 25 hours of peer support services in the past year? ☐ YES ☐ NO

Has the CPRS violated the ethics standards since their last certification? ☐ YES ☐ NO

CPRS has received supervision as defined by the state. ☐ YES ☐ NO

Access the most current CPRS Handbook here:

<https://www.tn.gov/content/dam/tn/mentalhealth/documents/cprs/Certified%20Peer%20Recovery%20Specialist%20Handbook%20June%202018.pdf>

My signature below affirms that all of the information contained in this document is true.

Signature of Supervisor _____ Date _____

If you have any questions about how to complete this application, contact the Peer Recovery Coordinator at 800-560-5767 or cprs.tdmhsas@tn.gov.

Once complete, fax or scan and email your renewal application to the address below.

Peer Recovery Coordinator
Tennessee Department of Mental Health and Substance Abuse Services
Andrew Jackson Building 5th Floor
500 Deaderick Street
Nashville, Tennessee 37243
Fax: 615-253-3920
Email: cprs.tdmhsas@tn.gov